SonoPath
Clinical Sonography & Telecytology
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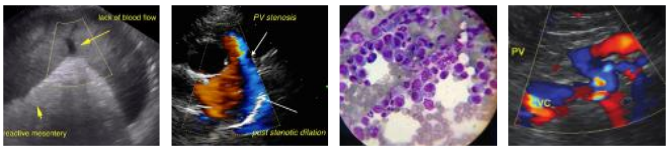

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1-800-838-4268 info@sonopath.com

PATIENT

Zuul Miller

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE-RELATE RENAL CHANGES

12 years

WEIGHT

77.4 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Dr. Adrianne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Adrianne Waffle

INVOICE

10330

DATE

2/12/22

PRESENTING CLINICAL SIGNS

Ultrasound performed 2 months ago (submitted sonopath). Presented today for 2 week duration of intermittent anorexia and vomiting . Depressed. HR - 150; Pale MM; CBC - anemia 24%. Monocytosis - 1.45. BUN – 32. ALT >1000. ALP – 913. GGT - 23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.69 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is subjectively normal in size with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.73 cm at caudal pole) (2.57 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.43 cm at cranial pole) (1.21 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (4.68 cm in width at the level of the hilus) with swollen, irregular peripheral contours. The parenchyma overall is hypoechoic relative to the spleen. A >5cm heterogenous swelling/mass effect is observed at the caudal aspect. The peripheral margins in this region are irregular.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. There is a subtle increase in portal markings. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

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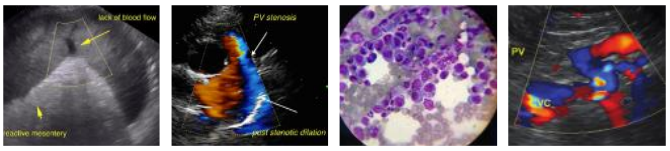

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
A small amount of free fluid is observed. Two enlarged hyperechoic, rounded caudal abdominal lymph nodes are visualized, one measuring 2.47 cm in length, the other measuring 2.16 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic changes are most concerning for infiltrative neoplasia (i.e., round cell tumor). However, splenic torsion cannot be completely excluded without the application of Doppler to the vessels at the hilus.
- The caudal abdomen lymphadenopathy is also concerning for round cell neoplasia, with a lower possibility. of severe lymphadenitis or lymphoid hyperplasia.
- An obvious cause for the patient's elevated liver enzymes is not identified in this study. Considerations include inflammatory/infectious disease, infiltrative neoplasia (i.e., lymphoma, hepatotoxicosis, other hepatopathy.
- Minimal ascites

Secondary Findings

- Minor age-relate renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Fine-needle aspirates of the spleen, liver and enlarged abdominal lymph nodes should be considered, if clotting status is appropriate. Twenty-five gauge-needles should be used.
- The application of Doppler on the splenic hilus is also recommended to rule out splenic torsion.
- If the above diagnostics are inconclusive, consider Leptospirosis testing, +/- an abdominal exploratory with liver, splenic and abdominal lymph node biopsies.

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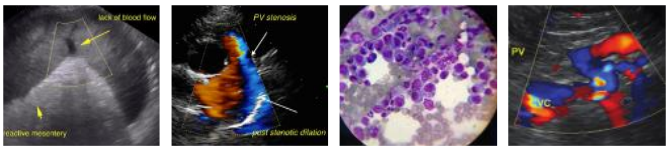

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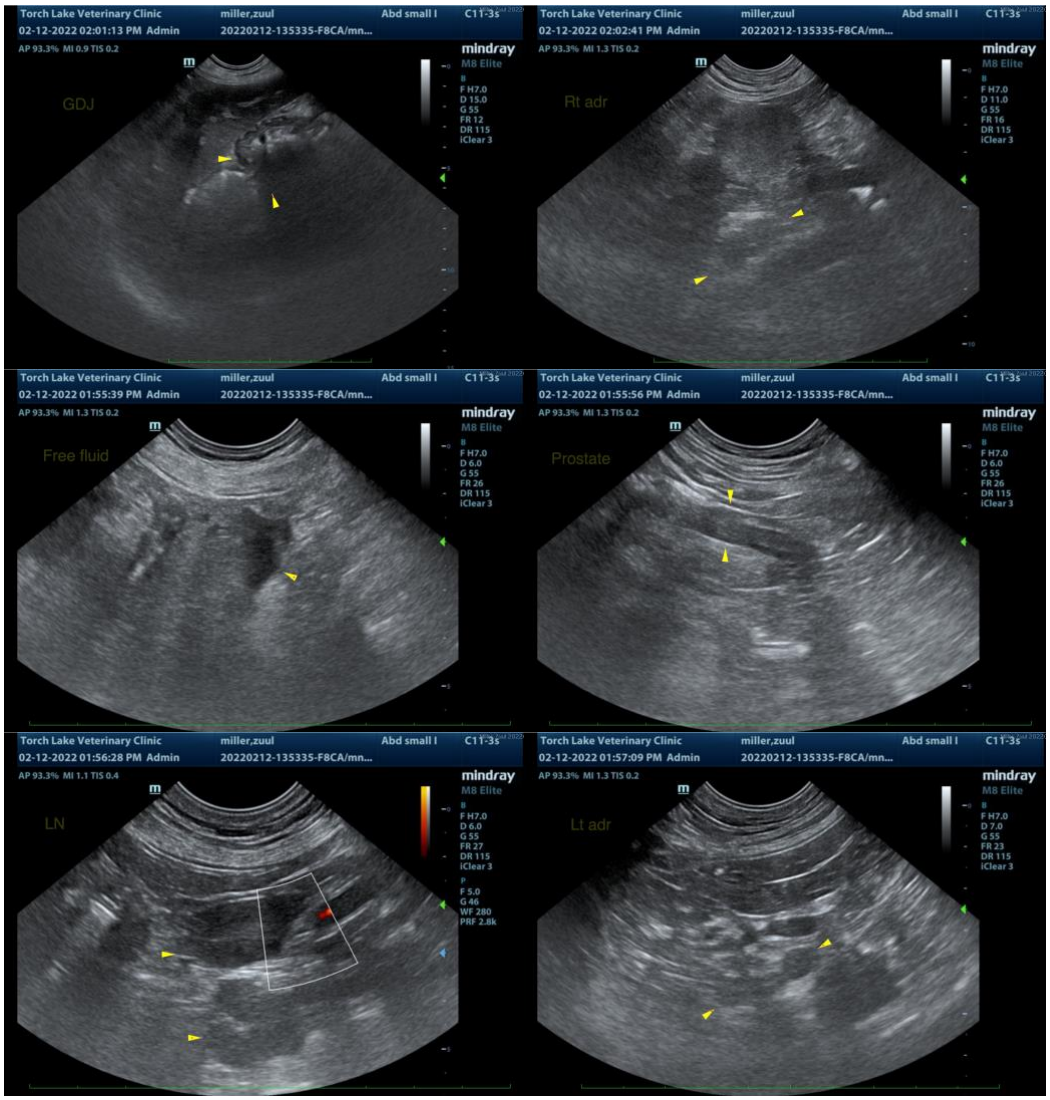

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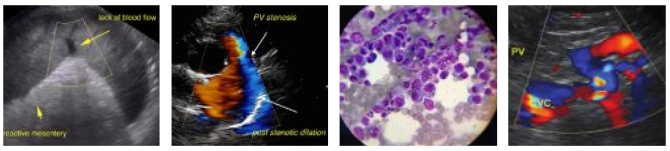

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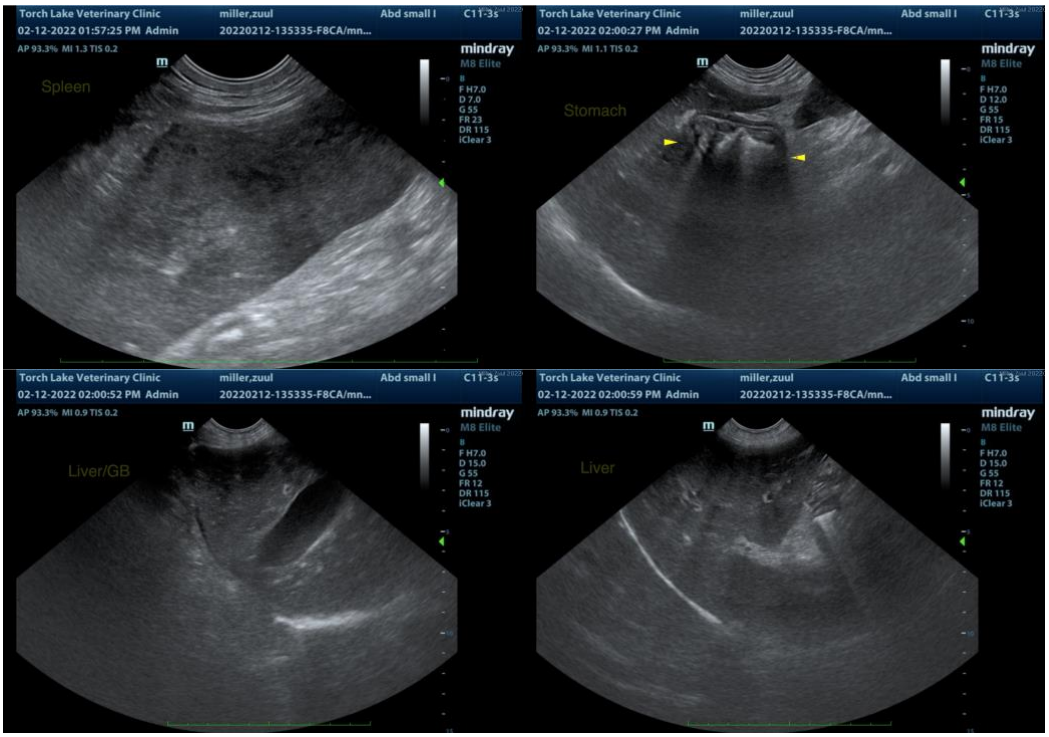

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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